

OPTIONAL DEMOGRAPHIC  
INFORMATION

Race/Ethnic Group (check one):

☐Caucasian

☐Hispanic

☐Asian

☐American Indian or Alaskan Native

☐African American

☐Other \_\_\_\_\_

Kentucky Board of Pharmacy

Spindletop Administration Bldg., Ste 302

2624 Research Park Drive

Lexington, KY 40511

Phone 859-246-2820

Fax 859-246-2823

License No. \_\_\_\_\_

Date Issued \_\_\_\_\_

NAPLEX Score \_\_\_\_\_

MPJE Score \_\_\_\_\_

(FOR OFFICE USE ONLY)

## Initial Application for Pharmacist Licensure

This application and fee must be in the Board Office before taking the NAPLEX or MPJE. Answer all questions in full and print legibly.  
**Please make checks payable to the 'Kentucky State Treasurer'.**

I hereby make application for examination by the Kentucky Board of Pharmacy for license as a Pharmacist in Kentucky subject to the provisions of the statutes and rules and regulations of the Board and being duly sworn submit the following:

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_  
Street and Number

3. \_\_\_\_\_  
City State Zip Code

4. Telephone Number ( ) \_\_\_\_\_  
(Where you can be reached prior to examination)

5. E-mail Address \_\_\_\_\_

6. Place of Birth \_\_\_\_\_

7. Date of Birth \_\_\_\_\_

8. Sex (check one): ☐Male ☐Female

9. Social Security No. \_\_\_\_\_

10. I have a total of \_\_\_\_\_ hours of approved Internship under the supervision of a Pharmacist. Please provide the number of the hours earned and the agency(s) that will be certifying them to the Board.

NUMBER OF HOURS

CERTIFYING AGENCY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intern Certificate/Registration Number \_\_\_\_\_ State \_\_\_\_\_

**Please arrange for the agency(s) listed above to certify your hours to the Board office. If all Internship has been previously accepted by the Kentucky Board, additional affidavits are not necessary.**

11. Have any charges involving moral turpitude or violation of pharmacy, liquor, or drug laws ever been made against you?  
\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

12. Have you ever been convicted of a misdemeanor? \_\_\_\_\_ No \_\_\_\_\_ Yes A felony? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

(If additional space is needed for details, please attach separate sheet)

13. Have you ever failed or been refused an examination by any State Board of Pharmacy? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

(If additional space is needed for details, please attach separate sheet)

14. Have you ever been refused licensure by any State Board of Pharmacy? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

(If additional space is needed for details, please attach separate sheet)

15. Have you ever had a Certification of Registration as a Pharmacist suspended, probated, or revoked by any State Board of Pharmacy? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

(If additional space is needed for details, please attach separate sheet)

I certify that the statements contained in this application are true, complete, and correct, and I agree that the statements shall form the basis of my application and I do authorize the Kentucky Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information concerning me, and I further authorize them to furnish any information they may now or in the future have concerning me to any person, corporation, institution, association, Board or any municipal, county, state, or federal governmental agencies or units, and that I understand according to the Kentucky Revised Statutes a Pharmacist's License may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other thing, in connection with an application for a license or permit.

**Signature in Full** \_\_\_\_\_

I hereby certify that the above application was signed, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Seal)

Signature \_\_\_\_\_

My commission expires \_\_\_\_\_

State of \_\_\_\_\_

\_\_\_\_\_

**This certificate of moral character must be signed by a person of good standing in the community in which the applicant resides.**

I, \_\_\_\_\_ of \_\_\_\_\_ do say that the applicant herein named, has been personally known to me for \_\_\_\_\_ years, that my acquaintance with the applicant throughout that period has been sufficiently intimate to afford me ample opportunity to become fully informed as to the applicant's moral character and habits, that the applicant is not addicted to the use of alcoholic liquors or drugs so as to render the applicant unfit to practice Pharmacy, that the applicant is of good moral character and that I recommend the applicant, so far as character and habits are concerned, as worthy to be licensed to practice Pharmacy in Kentucky.

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Occupation)

# CERTIFICATION OF COLLEGE GRADUATION

[To be executed by the Dean of the College of Pharmacy where the applicant attended Pharmacy School.]

Please make a copy of this section and submit to the Dean of the College of Pharmacy where you graduated for completion.  
Please indicate below the College of Pharmacy attended.

This is to certify that \_\_\_\_\_  
was in regular attendance at \_\_\_\_\_  
and that a certificate of graduation with the degree of \_\_\_\_\_  
was conferred on \_\_\_\_\_ .

(SEAL)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)